自治区地方标准《 》

征求意见表

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| 专家姓名 |  | | 职务/职称 |  | 身份证号 |  |
| 所在单位 |  | | | | 电话 |  |
| 通讯地址 |  | | | | 邮编 |  |
| 序号 | 标准章节编号 | 修改意见 | | | 修改理由 | |
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| 专家签字 |  | | | | | |